

## INDIANA ENVIRONMENTAL STEWARDSHIP PROGRAM ANNUAL PERFORMANCE REPORT

State Form 53475 (R8 / 1-22)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
ENVIRONMENTAL STEWARDSHIP PROGRAM

## Indiana Department of Environmental Management Office of Program Support

MC 64-00, Room IGCN 1316 100 North Senate Avenue Indianapolis, IN 46204-2251 Telephone: (800) 988-7901 FAX: (317) 233-5627 E-mail: esp@idem.IN.gov

Please use this form if you are a member of the Indiana Environmental Stewardship Program (ESP) to report on progress toward objectives and targets AND certify ESP requirements continue to be achieved. Indiana ESP facilities must submit an Annual Performance Report (APR) by April 1st of every year, for each calendar year in which the entity has been a member for at least three (3) full months. Membership terms are renewed every four (4) years through submitting your APR. Your APR should be reviewed and signed by a senior manager at your facility prior to submittal. Once signed, e-mail the APR to IDEM at esp@idem.IN.gov. Please do not include any confidential business information in your annual performance report. Public access laws require IDEM to make the APR publicly available, which may include posting all portions of your report on the Indiana ESP Web site. If you have any questions, please contact IDEM at esp@idem.IN.gov or (800) 988-7901.

This form will also be used for ESP members who are also members of the Indiana Partners for Pollution Prevention Program to recertify their membership and reaffirm their commitment to the Partners Pledge.

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SECTION A	FACILITY IN	NFORMATION	
Name of facility Nishikawa Cooper LLC - Bremen Facility			
Name of parent company (if applicable Nishikawa Rubber Company LTD, (Hiroshima, Jap	•		
Street address (number and street) 501 High Road			
City / State / ZIP code Bremen/Indiana/46506			
County Marshall			
Website of facility / company https://www.niscoseals.com			
How many employees (full time equival	lents) currently work at your facility?		
	CONTACT I	NFORMATION	
Name of Primary Contact (Mr./ Mrs. / Mrs. Brad Keller	vls. / Dr.)	Title HSE Manager	
Telephone number (60-593-)651	Mobile phone number \$74-216-\$707	E-mail address bjkeller@niscoseals.com	
Mailing address (if different from facility	address)		
324 Morrow Street			
City / State / ZIP Code			
Topeka/Indiana/46571			
Name of Secondary Contact (Mr. / Mrs. Mr. Dave Bozell	. / Ms. / Dr.)	Title Bremen Plant Manager	
Telephone number (260-593-)\$504	Mobile phone number 674-514-7853	E-mail address dabozell@niscoseals.com	*
Mailing address (if different from facility 501 High Road	address)		
City / State / ZIP Code Bremen/Indiana/46506			
	REPORTI	NG PERIOD	
Reporting period dates from prior calen		NOT ENOB	
01/01/2021 - 12/31/2021			
1a. Is this the fourth ESP Annual Perl ☐ Yes—If yes, answer question ■ No—If no, skip to question 2a.		erm?	
	a Environmental Stewardship Program uestion 2a and complete all sections of stion 2a and complete all sections of th	this annual report.	
2a. Are you a member of the Indiana  Yes—If yes, answer question to No—If no, skip to the "Change"		ners) Program?	

REPORTING PERIOD (CONTINUED)				
	2b. Do you wish to recertify your Partners for Pollution Prevention (Partners) Pledge?			
<ul><li>■ Yes—If yes, please complete all sections of this annual report.</li><li>□ No—If no, please complete all sections of this annual report except for Section F.</li></ul>				
التناشينان	CHANGE IN INFORMATION			
In your ESP application a changes or additions to y	ind, perhaps, in previous annual performance reports, you described what your facility does or makes. Have there been any our facility's list of products or activities?			
☐ Yes—If yes	please describe them:			
■ No				
SECTION B	PUBLIC OUTREACH AND PERFORMANCE REPORTING			
Why do we need this in IDEM needs to know how public.	formation?  What do you need to do?  Penvironmental information was shared with the Describe how the facility has shared and plans to share environmental information.			
Please briefly describe th	e activities that your facility conducted during this reporting period to interact with the community on environmental issues and to			
report publicly on its environmental Meetings/Tours/Project Sharing/CS				
Please indicate which of tas many as appropriate.	the following methods your facility plans to use to make its ESP Annual Performance Report available to the public. Please check			
☐ Web site (http://www	) ☐ Open house ■ Meetings ☐ Press releases ■ Other: IDEM's Website			
SECTION C	ENVIDONMENTAL MANACEMENT CVCTEM ACCECCMENT			
Why do we need this int Facilities need to have im criteria and use an ISO 14	plemented an EMS that meets certain Answer the following questions 4001 EMS Lead Auditor at least every about your EMS.			
thirty-six (36) months to a  1 What is the most rec	ent date that an ISO 14001 EMS Lead Auditor performed an EMS assessment at your facility? 7/12/2021 - 7/16/2021			
2 Name, title, and orga Joseph Eads, Lead Auditor, NSF In	nization of ISO 14001 EMS Lead Auditor who conducted the most recent EMS assessment:			
	st recent EMS assessment performed by an ISO 14001 EMS Lead Auditor within the past thirty-six (36) months?			
	s, skip to Question 4.			
	please have your ISO 14001 EMS Lead Auditor complete and sign the following checklist, indicating whether or not your EMS is the listed criteria for ESP membership:			
Yes No	Evidence of senior management support, commitment, and approval.			
☐ Yes ☐ No	A written environmental policy directed toward compliance, pollution prevention, and continuous improvement.			
Yes No	Identification of the environmental aspects at the entity.			
Yes No	Prioritization of the environmental aspects and a determination of those aspects deemed significant considering, at the minimum, environmental impacts and applicable laws and regulations.			
Yes No	Established priorities, and environmental objectives and targets for continuous improvement in environmental performance and for ensuring compliance with applicable environmental laws, regulations, and permit conditions. Objectives and targets must go beyond current legal requirements and specify the environmental media, types of pollution to be prevented or reduced, implementation activities, and projected time frames.			
Yes No	An established community outreach mechanism that includes identifying and responding to community concerns; informing the community of important matters that affect the community; and reporting on the EMS, including reporting to the public on the environmental policy and significant aspects.			
Yes No	Incorporation of environmental and pollution prevention planning in the development of new products, processes, and services and modifications of existing processes.			
Yes No	Evidence of clear responsibility for implementation, training, monitoring, EMS maintenance, taking corrective action, and ensuring compliance with applicable environmental laws, regulations, and permit conditions.			
Yes No	Documentation of the implementation procedures and the results of implementation.			
Yes No	Appropriate written EMS procedures.			
Yes No	An annual evaluation of the EMS with written results provided to senior management and affected employees.			
ž.				
Signature of ISO 140	001 EMS Lead Auditor Date (month, day, year)			

SE	ECTION C ENVIRONMENTAL MANAGEMENT SYSTEM ASSESSMENT  CONTINUED
4	Were any deficiencies found during the most recent EMS assessment?
	Yes—If yes, describe any deficiencies found and the corrective action taken to address each deficiency:
	■ No
5	What type of protocol was used to perform the independent EMS assessment?  ISO 14001:2015 Certified audit ESP Independent Assessment Protocol Other (please specify):
6	Is the EMS certified to a recognized standard?  Yes—If yes, what standard does the EMS follow (please provide a copy of the most recent certificate)?  ISO 14001:2015  Responsible Care EMS  No
7.	When was the last Senior Management review of your EMS completed?  Month / Year: June 2021  Who headed the review (name and title)? Brad Keller-HSE Manager
8	When did your facility last conduct an internal or corporate environmental compliance audit? Do not include inspections or site visits by regulatory organizations.  CAA/RCRA/EPCRA/CWA Scope of the compliance audit:  Month(s) / Year(s): June 2021 Who conducted the audit(s) (e.g., facility staff, corporate, third party)?  Corporate HSE
9 No Ei	Explain the emergencies experienced within the facility during the past year. Were the applicable emergency and contingency plans detailed in the EMS effective? What changes, if any, have been made to your facility's emergency or contingency plans?
10_	Has your facility corrected all instances of potential environmental non-compliance and EMS non-conformance identified during your audits and other assessments?
	☐ Yes—If yes, briefly summarize corrective actions taken and other improvements made as a result of your EMS assessment(s) or compliance audit(s). ☐ No—If no, please explain your plans to correct these instances. ☐ No—If no, please explain your plans to correct these instances.
SEC	CTION D ADDITIONAL INFORMATION
This	y do we need this information? Sinformation will help IDEM to effectively manage the Sironmental Stewardship Program. What do you need to do? Answer the questions as completely as possible.
1_ Indian	In addition to ESP, please list environmental awards received or voluntary programs participated in during the past twelve (12) months.  a Partners for Pollution Prevention
2_	Has your facility taken advantage of any ESP incentives? If so, please describe the implementation process and list additional benefits IDEM should consider.
res-Sa	ame Inspector/Permit Writer/Expedited Permit Application Review/Advance Notice of Inspections

	as ESP be		red to the ISO 14001 standard priden achieving registration?	or to becoming an ESP member	has ESP helped you to pursue registration? If so, how
4. Are the ESP and/or Partners group meeting your expectations? Please provide feedback or suggestions. Yes					
SECTION	ON D		ADDIT	TIONAL INFORMATION (CONT	INUED)
		nember of Partnei to pollution preve	rs, please reaffirm your facility's or		tners and provide additional information regarding
Yes	No				
		Ensure en in the facil		commitment to P2 and understa	and their role in implementing P2 objectives and goals
		2. Your facili	ty has incorporated P2 planning in	the development of new produc	ts, processes, and/or services.
		3. Your facili	ty established a mechanism to mo	nitor waste generation and ident	ify realistic P2 goals.
		4. Your facili	ty has established a process to list	en and respond to stakeholder of	concerns.
			ty makes available your general wa	aste reduction and P2 information	on to members of our community, IDEM, and the
	6. Your facility has participated in or conducted outreach activities that include details of your P2 efforts; please specify: Partners Meelings/Project Sharing/Facility Tours				details of your P2 efforts; please specify:
		7. Your facili	ty has participated in two or more I	Partners meetings in the last year	ar <sub>e</sub>
		8. Your facili	ty supported the annual Pollution F		e Show.  ndees from your facility
		7 TOUSE CITECAL	Other (specify)	one of more alter	nuces non your facility
Facilitie initiativ	<b>o we nee</b> es need to e that wa	d this information o share the results o pursued during to e program reducti	<b>n?</b> s of the environmental improvemer the reporting period. IDEM needs t	o complete this the initiativ	What do you need to do?  What do you need to do?  rence Section F for "Category" and "Indicator" options to section. Summarize your facility's progress on achieving e you identified in the application or last year's APR. For please call (800) 988-7901 or email esp@idem.IN.gov.
Initiati	ve #1				
	ry 1: Non-l or 1: Incine	Hazardous Waste	Baseline (indicate measurement unit)	Current (indicate measurement unit)	Cost Savings
Calend	ar year		2020	2021	
Actual	quantity (	per year)	279-Tons	288-Tons	
Produc	tion unit (	select one)	Earned Labor Hours Other specify (e.g. G		roduction lbs.
Produc	tion Quar	ntity	5,300,191	4,936,703	NA
Production Quantity 5,300,191 4,936,703 NA  Normalization factor (Current year production ÷ Baseline year production) 4,936,703/5,300,191 = 0,93					
			nt year quantity - Actual baseline q		288-279) x 0,93 = 8,37
Briefly on NISCO was to taking the	describe as unable to f	how you achieved	improvements for environmental i ect. The success of the project was based on ter 1st quarter 2021 the rubber recycling com	nitiative #1 or, if relevant, any ci	rcumstances that delayed progress. waste stream. In the beginning of the year 2021 said company committed longer use this waste stream that the market for it dried up due to the
Initiative #2					
Catego			Baseline	Current	
Indicator 2: (indicate measurement unit) (indicate measurement unit) Cost Savings				Cost Savings	
Calend	ar vear			<u> </u>	

Actual quantity (per year)

Production unit (select one)					
4	Other specify (e.g., Gallons, length, etc.,)				
Production Quantity			NA NA		
Normalization factor (Current year					
Normalized quantity (Actual currer	nt year quantity - Actual baseline o	quantity) x Normalization factor			
Briefly describe how you achieved improvements for environmental initiative #2 or, if relevant, any circumstances that delayed progress.					
Initiative #3					
Category 3:	Baseline	Current			
Indicator 3:	(indicate measurement unit)	(indicate measurement unit)	Cost Savings		
Calendar year					
Actual quantity (per year)					
Production unit (select one)	Earned Labor Hours Other specify (e.g. Gallo		Juction lbs.		
Production Quantity			NA		
Normalization factor (Current year	production ÷ Baseline year produ	Luction)			
Normalized quantity (Actual currer	<del></del>				
			rcumstances that delayed progress.		
, ,	F		realistation and that asia, ou progressor		
SECTION E	ENVIRONMENTA	L IMPROVEMENT INITIATIVE F	DEGIII TO		
	ENVIRONMENTAL	CONTINUED	CESOE 13		
Briefly describe the impacts or v	vastes eliminated resulting from th	ne environmental initiative(s): If n	nultiple initiatives, please indicate which specifically.		
Not Applicable					
2. Are there other best management practices (BMPs) you can share correlating to your initiative(s)?					
Not Applicable					
2. If the objective and towards proprieted with the any improved in a control in the control in					
3. If the objectives and targets associated with the environmental improvement initiative(s) were not attained, please verify continued progress toward the environmental initiative(s). If multiple initiatives, please indicate which specifically.					
NISCO is continually looking for a rubber recycling company that can recycle this waste stream.					
4. Please provide a narrative summary of progress made toward <i>qualitative, significant</i> EMS objectives and targets, if any.  Not Applicable					
Not Applicable					
			_		
5. Please list any state, U.S. EPA, or other partnership programs to which you are reporting this data (e.g., Energy Star, DOE Energy Performance, state award application).  Not Applicable					
	6. Would your facility be willing to share the environmental improvement initiative(s) and its best management practices (BMPs) at the ESP Annual Meeting and/or a Partners for Pollution Prevention quarterly meeting or conference?  Yes No				

## SECTION F

## FUTURE YEAR ENVIRONMENTAL IMPROVEMENT INITIATIVE

Why do we need this information?
Facilities need to show they are committed to improving their environmental performance.

What do you need to do?
Refer to the Environmental Performance

Select the appropriate boxes in the following table to indicate the category and indicator(s) that represents the future environmental improvement initiative selected by your facility. For the category and indicator selected, list the baseline year (e.g., 2022) and the future year (e.g., 2023). Next, list the baseline annual quantity (e.g., 5 tons) and future annual quantity (e.g., 2 tons) you are committing to achieve by the end of the future year.

Category	Indicator	Baseline Year 20 <u>21</u>	Future Year 20 22	Unit
☐ Material Procurement	☐ Recycled content			☐ Pounds, ☐ tons ☐ gallons
	☐ Hazardous/toxic components			☐ Pounds, ☐ tons ☐ gallons
Suppliers' Environmental Performance	☐ Specify indicator:			As specified for the particular indicator
	☐ Materials used			☐ Pounds, ☐ tons ☐ gallons
☐ Material Use	☐ Hazardous materials used			<ul><li>☐ Pounds, ☐ tons</li><li>☐ gallons</li></ul>
	Ozone depleting substances used			CFC-11 equivalent pounds
	☐ Total packaging materials used			☐ Pounds, ☐ tons
☐ Water Use	☐ Total water used			Gallons
	☐ Electricity			☐ kWh, ☐ MWh
	☐ Steam			☐ kWh, ☐ MWh, ☐ gallons, ☐ ft³
	☐ Natural gas			☐ Btu, ☐ MMBtu
	□ Diesel			Gallons
	☐ Propane / LPG			☐ Btu, ☐ MMBtu, ☐ gallons
Energy Use	☐ Gasoline			Gallons
	☐ Solar			□ kWh, □ MWh
	☐ Wind			☐ kWh, ☐ MWh
	☐ Landfill gas			☐ Btu, ☐ MMBtu
	☐ Combined heat and power			☐ kWh, ☐ MWh, ☐ Btu, ☐ MMBtu
	☐ Other:			
□ Land and Habitat	☐ Land and habitat conservation			☐ Square feet, ☐ acres
☐ Land and Habitat	☐ Community land revitalization			☐ Square feet, ☐ acres
	☐ Total□GHGs			MTCO2E
☐ Air Emissions	□ VOCs			☐ Pounds, ☐ tons
	☐ NOx, SOx, PM <sub>2.5</sub> , PM <sub>10</sub> , or CO			☐ Pounds, ☐ tons
	☐ Air toxics			☐ Pounds, ☐ tons
	Odor			European Odour Units
	Radiation			☐ Curies, ☐ Becquerels
	☐ Dust			☐ Pounds, ☐ tons
	☐ COD or BOD			☐ Pounds, ☐ tons
	Toxics			☐Pounds, ☐ tons
	☐ Total suspended solids			☐Pounds, ☐ tons
☐ Discharges to Water	☐ Nutrients			□Pounds, □ tons of □ N or □ P
	☐ Sediment from runoff			☐Pounds, ☐ tons
	☐ Pathogens			☐MPN/ml, ☐ CFU/ml

Category	Indicator	Baseline Year 20 <u>21</u>	Future Year 20_22	Unit
	Landfill			□Pounds, □ tons
	☐ Incineration			☐Pounds, ☐ tons
☐ Non-hazardous Waste ☐ Hazardous Waste	☐ Reused/recycled off-site			☐Pounds, ☐ tons, ☐gallons
	Other:			☐Pounds, ☐ tons,
Noise	Noise	100	<85	dBA
☐ Vibration	☐ Vibration			Inches per second
	☐ Expected lifetime energy use			□kWh, □ MWh, □ Btu, □ MMBtu,
	Expected lifetime water use			Gallons
☐ Products	Expected lifetime waste to air, water, or land from product use			☐ Pounds, ☐ tons
	☐ Waste to air, water, or land from disposal or recovery			☐ Pounds, ☐ tons
What activities or process changes do you plan to undertake at your facility to accomplish your future initiative (e.g., technology changes in a particular process line, employee training)?  When cleaning injection press tooling (molds) at the facility it creates noise pollution in excess of 100 dBA using current CO2 blasting technology. NISCO plans on switching to newly developed and available aser cleaning technology to keep noise pollution below 85 dBA.				
Does this future initiative address a significant aspect in your EMS?				
	CERTIFIC	ATION AND PLEDGE		
On behalf of (name of facility) Nishikawa Cooper LLC - Bremen Facility				
certify that the information contained in this Annual Performance Report and attachments is accurate to the best of my knowledge and that this facility is, of the best of my knowledge and based on reasonable inquiry, currently in compliance with all applicable federal, state, and local environmental equirements, or has a corrective action program in place to attain compliance.				
J.S. EPA, state, or local jurisdict acilities. We understand that we nembership (for a total of four (4 eapply to the Indiana Environme understand that the information	Environmental Stewardship Program stations. We agree to promote the Indianal must meet the requirement of implement initiatives), that the Annual Performancental Stewardship Program every four (approvided in this Annual Performance R	Environmental Stewardship enting one (1) new, indepen- ace Report must be submitted 4) years. deport will be public record.	full compliance with all reg Program and to share ou dent environmental improv d to IDEM by April 1st of ea I am the senior facility mar	julations promulgated by the r success stories with other rement initiative each year of ach year, and that we must nager or authorized facility
ignatory, and fully authorized to execute this statement on behalf of the corporation or other legal entity whose facility is submitting this Annual Performance Report.				
Signature				Date (month, day, year)
/ /5	//5/		-	03/31/2022

Title HSE Manager

Printed signature Brad Keller